women who have been delivered, 95 of the children were males, and 87 females; and that 14 were still born. The presentations were natural, with the exception of four; and of these, two were footlings, one was placenta and back, and one face presentation.

In both of the footling cases, the children perished. In one, profuse hæmorrhage preceded the birth of the child, and continued, notwithstanding the use of cold and friction; the womb was emptied, and on examination, the vagina was found to be filled with coagula, in the midst of which was a foot; this being secured and brought down, the hæmorrhage instantly ceased. In consequence of a contracted brim, some little difficulty was experienced in bringing the head through this part of the pelvis. The patient had a good "getting up," although she remained exhausted for some time after delivery.

In the other case the female was suddenly delivered, the body of the child being born before she sent for her medical attendant. Owing to this circumstance, the head was detained in the vagina, the circulation through the chord was interrupted, and the infant died.

In the case of placenta and back presentation, the patient was advanced a little beyond the sixth month of pregnancy, and Mr. Waller was summoned in consequence of a sudden gush of blood following the discharge of the waters. On examination, the placenta was found attached to rather more than half the circumference of the os uteri; the hæmorrhage, in consequence of the tonic contraction of the uterus, was exceedingly trifling: in fact, there was no more discharge than there frequently is in a natural labour. The pains just then a little flagging, but still, during their intervals, the child was closely embraced by the womb. The presentation could not be distinctly ascertained at first. After a short period the pains increased, pushing down the placenta first, and the child afterwards, which, although a presentation of the back, was expelled, double, with tolerable ease; the uterus all this time retained its contraction so firmly, that the bleeding did not return, which rendered it unnecessary to interfere manually.

The face presentation happened to a patient whose pelvis was of good size, and where there was plenty of secretion, and, therefore, no great difficulty was experienced, although the labour was, of necessity, rendered more tedious and severe than under ordinary circumstances. The child's face was very much tumefied, but regained its natural appearance after a few days.

The induction of premature labour was

required in one case, in consequence of great deformity of the pelvis. This female had been pregnant eleven times previously; she had three times been allowed to proceed to the full period, and each time it was found necessary to open the child's head; the remaining eight times, labour had been brought on at the seventh month, but none of the children survived long. "I this time punctured the membranes on the 8th of June; on the 10th, slight labour pains commenced; and on the 11th, early in the morning, the fœtus was expelled. This patient had been deceived in her reckoning; for, although she stated herself to have completed the seventh month, it was evidently not more than a six months' child. The fœtus was born living, but it never breathed."

EXCISION OF THE UPPER JAW BONE.

By JAMES SYME, Esq., Surgeon of the Surgical Hospital, Edinburgh.

WILLIAM DONALD, ætat. 54, entered the Surgical Hospital on the 11th of May, on account of a large swelling of the left cheek. The tumour was about the size of a turkey's egg, firm, projecting, and circumscribed. It seemed to occupy all the maxillary bone, extending into the mouth, but not passing beyond the mesial plane of the palate, and reaching up to the lower edge of the orbit. It had existed ten months, and was rapidly increasing. Under these circumstances, Dr. Ballingal and Mr. Nasmyth agreed with me in thinking that the patient's speedy destruction was inevitable, if the disease were left to itself; that an attempt to dig out the tumour would be inflicting pain, without the smallest prospect of permanent benefit; and that the case was a very fair one for practising excision of the entire superior maxillary bone.

In the presence of the gentlemen above mentioned, and the pupils attending the hospital, I proceeded to do so on Friday the 15th. The patient being seated on a chair, I made a crucial incision by cutting from the zygoma to the angle of the mouth, and from the inner angle of the eye to the angle of the jaw. Having dissected back the flaps thus formed, so as to bring the external surface of the tumour completely into view, and tied the facial artery together with two transverse facial branches of the temporal, I partially divided the malar bone with a saw, and completed its section by means of the cutting pliers. I then, partly by dissection, partly by pushing with the handle of the knife, separated the contents of the orbit from the floor of that cavity; next placing one blade of the cutting-pliers in the nose, the other in the orbit, divided

the nasal process of the maxillary bone, and cut through the hard palate in a similar way, having previously extracted one of the incisor teeth.

So far I had calculated that the operation would be nearly bloodless; but to prevent troublesome hæmorrhage in executing what remained, it seemed to me proper to get command of the internal maxillary artery. In order to do this, I made a small incision below the ear, and dissected through the parotid gland, so as to enable Dr. Ballingal to compress the vessel between the point of his finger, and the neck of the lower jaw. I then readily and fearlessly turned out the tumour, and we were pleased to see that the artery was as effectually subjected as the femoral ever is by the best applied tourniquet. We were less pleased to observe that the morbid growth was not confined to the maxillary bone, but extended to the sphenoid, in the base of the skull.

Having done all that we proposed, and all that could be done, we determined to try nothing more. I therefore brought the edges of the cheek together by sutures, and sent the patient to bed. The blood lost was measured, and found to be ten ounces. The patient suffered no constitutional disturbance, and was walking in the garden on the third day after the operation.

Though there is still no appearance of the disease recurring, there can be little doubt that the result will be no exception to the usual one of such cases; but knowledge of the facts that the inferior maxillary bone may be completely excised, and that the hæmorrhage of the internal maxillary artery may be effectually restrained by pressing the vessel at its origin upon the neck of the jaw, may be useful in future, by inducing surgeons to practise excision, while the disease remains within accessible limits.—*Edinburgh Med. and Surg. Journal.*

Mr. Syme's communication is dated June 16th, and he promises to give the result in the next number of the journal. It needs no ghost from the grave, to say what that result will be.

INFLAMMATORY DISEASES OF THE EYE TREATED BY STIMULATING APPLICATIONS.

THERE are but few of our readers, we presume, unacquainted with the fact, that Author Guthrie has a method, peculiar to himself, of treating inflammatory diseases of the eye. Discarding the old-fashioned doctrine of the eye being a delicate organ, and acting upon the principle that "one fire puts out another," he uses the most powerful stimulating applications in cases of acute as well as of chronic inflammation;

and, if we may credit the reports drawn up under Mr. Guthrie's "direction," the stimulating plan of treatment, in most instances, has been "eminently serviceable." The subjoined are examples of the purulent ophthalmia of infants, treated according to this method:—

I. Edward Champion, ætat. five weeks, was admitted Jan. 8th, 1829. The left eye was observed to be weak the day after he was born, but no discharge was observed until the next day, when it was in great quantity; three days after, the right was found to be in the same state; the discharge is now thought to be less. Has had advice, and used lotions externally; has taken opening medicines likewise; his mother is subject to fluor albus. The ung. arg. nitrat.* was applied, after syringing out the eyes with lotio aluminis; which was ordered to be used several times a day, on alternate days.

10. The discharge is considerably less; the eyes are much better. Rep. ung. et lotio.

13. Nearly well. No discharge, except a very slight one in the evening. Opens its eyes with ease. Rep. ung. et lotio.

15. Cured.

II. Edwin Carter, ætat. eight weeks, admitted Feb. 19, 1829. The right eye was first affected about three days after birth; the left, a day or two later; it commenced with a great discharge of matter; the lids were much swollen; conjunctivæ of both eyes much injected; lids still swollen; discharge great; child restless; cornea of the left eye clear, of the right ulcerated and muddy. Has had a leech applied at three different times; blisters to the temples; has taken alteratives and used lotions, without effect. Mother subject to fluor albus. Appl. hirudines ij. temp. dextr. ung. argent. nitrat. ad sing. ocul. The eyes to be syringed out every hour with the lotio aluminis. Ol. ricini ʒi. secundis horis donec solvetur alvus.

24. Freely purged by the ol. ricini. Can open his eyes himself. Discharge has ceased. Lotio aluminis.

27. Cured. In attendance on account of a leucoma remaining in the place of the ulcer, which has healed.

III. Edward Shaughslay, admitted March 26, 1829, ætat. three weeks. The disease began about four days after birth, and has

* The formula for this ointment is as follows:—

R. *Argent. nitrat.* gr. ij. ad gr. x. i. *liq. plumbi subacet.* gutt. xv.; *ung. cetacei.* ʒi.

The argenti nitratum is first reduced to an impalpable powder, then mixed with the ointment, and the liquor plumbi added.

continued nearly three weeks. Great discharge; lids much swollen; child restless. Has had leeches applied twice; lids have been scarified. Mother has fluor albus.

The discharge is rather less; cannot open his eyes himself. On examining the left eye, the cornea appeared muddy, and had a speck on the centre; the conjunctiva much injected. The right eye could not be examined at that time, owing to the patient's resistance. In a few days afterwards it was examined, and appeared very like the left. Applic. ung. argent. nitr. sing. ocul. Ung. zinci nocte utend. ad palp. Lotio aluminis sextis vices utend. in die alternâ. Pulv. alter. nocte sumend. Infus. sennæ mane.

28. Discharge as much as ever; lids less swollen; eyelids more easily opened. Continue treatment.

31. Better; discharge less.

April 4. Opens his eyes easily; discharge less.

9. Very little discharge.

11. Left nearly well; right much better. Continue treatment.

13. Left cured; right discharges still a little.

18. No discharge. Lotion continued.

21. Cured.

IV. Mary Kennard, ætat. twelve weeks, admitted March 28, 1829. Lotio aluminis alone employed.

When five days old, the left eye became inflamed, and discharged yellow matter the next day; the right was not affected until yesterday. Two leeches were applied near the inner canthus on Wednesday; they bled profusely. Infant is restless at night. Has had castor oil frequently. Lotio aluminis sæpe utend.

30. Much better; opens her eyes. Cont. lotio.

31. Continues better. Rep. lotio. Ha-beat pulv. alter.

April 4. Improving. Rep. lotio et pulv.

7. The discharge more abundant; most from the right eye. Applic. ung. arg. nitr. ad oculis dextro. Lotio ad ocul. sinist.

10. The right eye is the best.

21. Better. Discharge thicker, much the same in quantity. Rep. ung. dextro, et lotio ad sinist. Pulv. alt. rep.

32. Discharge much less; can open her eyes much better. Repeat.

27. Nearly well; discharge very slight. Rep.

30. Discharged cured.

ON REDUCTION OF DISLOCATIONS.

By Dr. PENNECK.

To the Editor of THE LANCET.

SIR,—I hope you will indulge me with a small space in an early Number of THE LANCET, that I may defend myself against an attack made on me in the London Medical Gazette for January, 10th ult., by Mr. John Hilton, and with which I was unacquainted till within a few days. Mr. Hilton seems to be angry, because, in my paper on dislocations, LANCET, Nov. 29th ult., I have presumed to oppose the theory which Mr. Key had applied to dislocation of the radius forwards.

Under the impression that every man ought to make known an important improvement, I published my method of assisting, by the tape or bandage, in the reduction of dislocations; and thinking it would be useful in dislocation of the radius forwards, I endeavoured to show how it might be applied, and, *en passant*, noticed the memoir of Mr. Key. As the theory of that dislocation, brought forward by a gentleman of so much experience as Mr. Key, was at variance with the opinion I had formed, and, if he were in error, might be very injurious to practice, I resolved to compare it with the observations of Mr. Pott. I think I have combated, successfully, the position of Mr. Key, respecting the band of the interosseous ligament being sufficient to prevent reduction, unless extensively torn, by showing, that that ligament, from its mobility, came under the same observations as the capsular ligaments of the joints. As the whole tenor of my quotations from Mr. Pott went to show, that any state of the ligaments was of small importance in the reduction of dislocations, it is entirely unnecessary to reply to the misrepresentations Mr. Hilton has made respecting them. He says, "After unnecessarily alluding to several passages in Mr. Pott's works, to establish the fact of less power in making extension at a distance from the luxated bone, and this increased, as every tyro knows, by a number of intermediate, moveable, and extensible points at the joints, he adds, here then the 'true cause' (*in italics*) of all your difficulties is ascertained!" I need only remark, that Mr. Hilton, as well as many tyros, may be perfectly well acquainted with these matters after they have been explained. Let him show where is to be found my observation, that extension made from the hand, through the three articulations of the carpus, must require eight times the force that would be necessary could extension be made from the carpal extremity of the radius; and from this important fact, I infer—